

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas (Fort Worth Div.)
(State)

Case number (if known): 20- Chapter 11

☐ Check if this is an amended filing

Official Form 201**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Greenleaves Diagnostic Laboratories LLC
-
2. All other names debtor used in the last 8 years Choice Clinical Lab, L.L.C.
 Include any assumed names, trade names, and *doing business* as names
-
3. Debtor's federal Employer Identification Number (EIN) 8 4 - 3 4 4 1 1 6 4
-
4. Debtor's address
- | | |
|---|--|
| <p>Principal place of business</p> <p><u>12000 Ford Rd., Suite 150</u>
 <small>Number Street</small></p> <hr/> <p><u>Farmers Branch TX 75234</u>
 <small>City State ZIP Code</small></p> <hr/> <p><u>Dallas</u>
 <small>County</small></p> | <p>Mailing address, if different from principal place of business</p> <p><u>1350 Avenue of the Americas</u>
 <small>Number Street</small></p> <hr/> <p><u>Suite 2302</u>
 <small>P.O. Box</small></p> <p><u>New York NY 10019</u>
 <small>City State ZIP Code</small></p> <hr/> <p>Location of principal assets, if different from principal place of business</p> <p><u></u>
 <small>Number Street</small></p> <hr/> <p><u></u>
 <small>City State ZIP Code</small></p> |
|---|--|
-
5. Debtor's website (URL) greenleavesdiagnostic.com

Debtor Greenleaves Diagnostic Laboratories LLC
NameCase number (if known) 20-**6. Type of debtor**

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business**A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.6 2 1 5**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☐ A plan is being filed with this petition.

- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.

- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor Greenleaves Diagnostic Laboratories LLC
NameCase number (if known) 20-**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☐ No☒ Yes. Debtor Choice Clinical Lab LLC Relationship AffiliateDistrict Northern District of Texas (Fort Worth) When _____

List all cases. If more than 1, attach a separate list.

Case number, if known 20- MM / DD / YYYY**11. Why is the case filed in this district?**

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number _____ Street _____

City _____ State ZIP Code _____

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

Debtor Greenleaves Diagnostic Laboratories LLC
NameCase number (if known) 20-**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/10/2020

MM/DD/YYYY

X

Signature of authorized representative of debtor

Daniel Kandhorov

Printed name

Title Managing Member

Debtor Greenleaves Diagnostic Laboratories LLC
NameCase number (if known) 20-

18. Signature of attorney

☒ /s/ Jeff P. ProstokDate 7/10/2020

Signature of attorney for debtor

MM / DD / YYYY

Jeff P. Prostok

Printed name

Forshey & Prostok, LLP

Firm name

777 Main St., Suite 1550

Number Street

Fort Worth

City

TX

State

76102

ZIP Code

817-877-8855

Contact phone

jprostok@forsheyprostok.com

Email address

16352500

Bar number

Texas

State

Form 1065	U.S. Return of Partnership Income			OMB No. 1545-0123
Department of the Treasury Internal Revenue Service	For calendar year 2019, or tax year beginning <u>Nov 1</u> , 2019, ending <u>Dec 31</u> , 2019.			2019
▶ Go to www.irs.gov/Form1065 for instructions and the latest information.				
A Principal business activity <u>DIAGNOSTIC LABORATORY</u>	Type or Print	Name of partnership <u>GREENLEAVES DIAGNOSTIC LABORATORIES LLC</u>		D Employer identification number <u>84-3441164</u>
B Principal product or service <u>SERVICE</u>		Number, street, and room or suite no. If a P.O. box, see instructions. <u>2329 Parker Road</u>		E Date business started <u>11/01/2019</u>
C Business code number <u>621510</u>		City or town, state or province, country, and ZIP or foreign postal code <u>Carrollton TX 75010</u>		F Total assets (see instructions) <u>\$ 114,917.</u>
G Check applicable boxes: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____ I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ <u>4</u> J Check if Schedules C and M-3 are attached ▶ <input type="checkbox"/> K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes				
Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.				
Income	1a	Gross receipts or sales		
	1b	Returns and allowances		
	1c	Balance. Subtract line 1b from line 1a		
	2	Cost of goods sold (attach Form 1125-A)		
	3	Gross profit. Subtract line 2 from line 1c		
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		
	5	Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))		
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
Deductions <small>(see instructions for limitations)</small>	7	Other income (loss) (attach statement)		
	8	Total income (loss). Combine lines 3 through 7		
	9	Salaries and wages (other than to partners) (less employment credits)		<u>350,059.</u>
	10	Guaranteed payments to partners		
	11	Repairs and maintenance		<u>275.</u>
	12	Bad debts		
	13	Rent		<u>37,850.</u>
	14	Taxes and licenses		<u>43,974.</u>
	15	Interest (see instructions)		<u>500.</u>
	16a	Depreciation (if required, attach Form 4562)		
	16b	Less depreciation reported on Form 1125-A and elsewhere on return		
	16c			
Tax and Payment	17	Depletion (Do not deduct oil and gas depletion.)		
	18	Retirement plans, etc.		
	19	Employee benefit programs		
	20	Other deductions (attach statement) <u>See Stmt</u>		<u>585,784.</u>
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20		<u>1,018,442.</u>
	22	Ordinary business income (loss). Subtract line 21 from line 8		<u>-1,018,442.</u>
	23	Interest due under the look-back method—completed long-term contracts (attach Form 8697)		
	24	Interest due under the look-back method—income forecast method (attach Form 8866)		
	25	BBA AAR imputed underpayment (see instructions)		
	26	Other taxes (see instructions)		
27	Total balance due. Add lines 23 through 26			
28	Payment (see instructions)		<u>0.</u>	
29	Amount owed. If line 28 is smaller than line 27, enter amount owed			
30	Overpayment. If line 28 is larger than line 27, enter overpayment		<u>0.</u>	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.			
Paid Preparer Use Only	Signature of partner or limited liability company member		Date	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ <u>ABT SERVICES, INC.</u>			Firm's EIN ▶ <u>22-3698435</u>
	Firm's address ▶ <u>506 HAMBURG TURNPIKE, STE 204 WAYNE, NJ 07470</u>			Phone no. <u>(973) 567-4002</u>

For Paperwork Reduction Act Notice, see separate instructions.

BAA

Form 1065 (2019)

Form 1065 (2019)

Page **2****Schedule B Other Information**

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ►				
2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
4 Does the partnership satisfy all four of the following conditions?				Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					X
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
8 At any time during calendar year 2019, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►					X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.					X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16a Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return		
18 Enter the number of partners that are foreign governments under section 892		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1T(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR **ALEXANDR ZAITSEV**

U.S. address of PR 126 STATE STREET HACKENSACK NJ 07601	U.S. phone number of PR (865) 703-0506
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If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual 	U.S. phone number of designated individual
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26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 14 \$		X
27 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
28 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X

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Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 -1,018,442.
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments: a Services 4a b Capital 4b	4b
	c Total. Add lines 4a and 4b	4c
	5 Interest income	5
	6 Dividends and dividend equivalents: a Ordinary dividends	6a
	b Qualified dividends 6b c Dividend equivalents 6c	6c
	7 Royalties	7
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
b Collectibles (28%) gain (loss)	9b	
c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10	
11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12
	13a Contributions	13a
	b Investment interest expense	13b
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14a Net earnings (loss) from self-employment	14a -407,377.
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c
Credits	15a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type ▶	15d
	e Other rental credits (see instructions) Type ▶	15e
	f Other credits (see instructions) Type ▶	15f
Foreign Transactions	16a Name of country or U.S. possession ▶	16a
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	Foreign gross income sourced at partnership level	
	d Reserved for future use ▶ e Foreign branch category ▶	16e
	f Passive category ▶ g General category ▶ h Other (attach statement) ▶	16h
	Deductions allocated and apportioned at partner level	
	i Interest expense ▶ j Other ▶	16j
	Deductions allocated and apportioned at partnership level to foreign source income	
	k Reserved for future use ▶ l Foreign branch category ▶	16l
	m Passive category ▶ n General category ▶ o Other (attach statement) ▶	16o
	p Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p
	q Reduction in taxes available for credit (attach statement)	16q
r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a
	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties—gross income	17d
	e Oil, gas, and geothermal properties—deductions	17e
	f Other AMT items (attach statement)	17f
Other Information	18a Tax-exempt interest income	18a
	b Other tax-exempt income	18b
	c Nondeductible expenses	18c 3,218.
	19a Distributions of cash and marketable securities	19a
	b Distributions of other property	19b
	20a Investment income	20a
	b Investment expenses	20b
c Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p				1	-1,018,442.		
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners	-611,065.	-305,533.		-101,844.		

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				92,846.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement) ^{Ln 6 Stmt}		0.		22,071.
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets		0.		114,917.
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement) ^{Ln 17 Stmt}		0.		86,577.
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				1,050,000.
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				-1,021,660.
22	Total liabilities and capital		0.		114,917.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-1,021,660.	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$ 3,218.	3,218.	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-1,018,442.
5	Add lines 1 through 4	-1,018,442.			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year		6	Distributions: a Cash	
2	Capital contributed: a Cash		b Property		
	b Property		7	Other decreases (itemize):	
3	Net income (loss) per books	-1,021,660.	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	-1,021,660.
5	Add lines 1 through 4	-1,021,660.			

651119

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning 11 / 01 / 2019 ending 12 / 31 / 2019**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
84-3441164

B Partnership's name, address, city, state, and ZIP code
GREENLEAVES DIAGNOSTIC LABORATORIES LLC
2329 Parker Road
Carrollton, TX 75010

C IRS Center where partnership filed return ▶ Ogden, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)
31-1948925

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
ANDORRA CAPITAL LLC
3 DAKOTA DRIVE SUITE 300
NEW HYDE PARK NY 11042

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? Corporation

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	58.00000 %	58.00000 %
Loss	58.00000 %	58.00000 %
Capital	58.00000 %	58.00000 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse . . . \$		\$ 659,214.
Qualified nonrecourse financing . . . \$		\$
Recourse . . . \$		\$

☐ Check this box if Item K includes liability amounts from lower tier partnerships.

L **Partner's Capital Account Analysis**

Beginning capital account . . . \$	
Capital contributed during the year . . . \$	
Current year net income (loss) . . . \$	-592,563.
Other increase (decrease) (attach explanation) \$	
Withdrawals & distributions . . . \$(
Ending capital account . . . \$	-592,563.

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☒ No If "Yes," attach statement. See instructions.

N **Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning \$	
Ending \$	

☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) -590,696.	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	C	1,867.
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
12	Section 179 deduction	20	Other information
13	Other deductions	Z * STMT	
14	Self-employment earnings (loss)		
21	<input type="checkbox"/> More than one activity for at-risk purposes*		
22	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. **Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

	<i>Report on</i>
Passive loss	See the Partner's Instructions
Passive income	Schedule E, line 28, column (h)
Nonpassive loss	See the Partner's Instructions
Nonpassive income	Schedule E, line 28, column (k)
2. Net rental real estate income (loss)	See the Partner's Instructions
3. Other net rental income (loss)	
Net income	Schedule E, line 28, column (h)
Net loss	See the Partner's Instructions
4a. Guaranteed payment Services	See the Partner's Instructions
4b. Guaranteed payment Capital	See the Partner's Instructions
4c. Guaranteed payment Total	See the Partner's Instructions
5. Interest income	Form 1040 or 1040-SR, line 2b
6a. Ordinary dividends	Form 1040 or 1040-SR, line 3b
6b. Qualified dividends	Form 1040 or 1040-SR, line 3a
6c. Dividend equivalents	See the Partner's Instructions
7. Royalties	Schedule E, line 4
8. Net short-term capital gain (loss)	Schedule D, line 5
9a. Net long-term capital gain (loss)	Schedule D, line 12
9b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)
9c. Unrecaptured section 1250 gain	See the Partner's Instructions
10. Net section 1231 gain (loss)	See the Partner's Instructions
11. Other income (loss)	

<i>Code</i>		
A	Other portfolio income (loss)	See the Partner's Instructions
B	Involuntary conversions	See the Partner's Instructions
C	Sec. 1256 contracts & straddles	Form 6781, line 1
D	Mining exploration costs recapture	See Pub. 535
E	Cancellation of debt	
F	Section 743(b) positive adjustments	
G	Section 965(a) inclusion	
H	Income under subpart F (other than inclusions under sections 951A and 965)	See the Partner's Instructions
I	Other income (loss)	
12. Section 179 deduction		See the Partner's Instructions
13. Other deductions		
A	Cash contributions (60%)	
B	Cash contributions (30%)	
C	Noncash contributions (50%)	
D	Noncash contributions (30%)	
E	Capital gain property to a 50% organization (30%)	See the Partner's Instructions
F	Capital gain property (20%)	
G	Contributions (100%)	
H	Investment interest expense	Form 4952, line 1
I	Deductions—royalty income	Schedule E, line 19
J	Section 59(e)(2) expenditures	See the Partner's Instructions
K	Excess business interest expense	See the Partner's Instructions
L	Deductions—portfolio (other)	Schedule A, line 16
M	Amounts paid for medical insurance	Schedule A, line 1, or Schedule 1 (Form 1040 or 1040-SR), line 16
N	Educational assistance benefits	See the Partner's Instructions
O	Dependent care benefits	Form 2441, line 12
P	Preproductive period expenses	See the Partner's Instructions
Q	Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions
R	Pensions and IRAs	See the Partner's Instructions
S	Reforestation expense deduction	See the Partner's Instructions
T through U		Reserved for future use
V	Section 743(b) negative adjustments	
W	Other deductions	See the Partner's Instructions
X	Section 965(c) deduction	

14. **Self-employment earnings (loss)**

Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

A	Net earnings (loss) from self-employment	Schedule SE, Section A or B
B	Gross farming or fishing income	See the Partner's Instructions
C	Gross non-farm income	See the Partner's Instructions

15. **Credits**

A	Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	
B	Low-income housing credit (other) from pre-2008 buildings	
C	Low-income housing credit (section 42(j)(5)) from post-2007 buildings	See the Partner's Instructions
D	Low-income housing credit (other) from post-2007 buildings	
E	Qualified rehabilitation expenditures (rental real estate)	
F	Other rental real estate credits	
G	Other rental credits	

<i>Code</i>		<i>Report on</i>
H	Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a
I	Biofuel producer credit	See the Partner's Instructions
J	Work opportunity credit	
K	Disabled access credit	
L	Empowerment zone employment credit	
M	Credit for increasing research activities	See the Partner's Instructions
N	Credit for employer social security and Medicare taxes	
O	Backup withholding	
P	Other credits	

16. **Foreign transactions**

A	Name of country or U.S. possession	
B	Gross income from all sources	Form 1116, Part I
C	Gross income sourced at partner level	
<i>Foreign gross income sourced at partnership level</i>		
D	Reserved for future use	
E	Foreign branch category	
F	Passive category	Form 1116, Part I
G	General category	
H	Other	

Deductions allocated and apportioned at partner level

I	Interest expense	Form 1116, Part I
J	Other	Form 1116, Part I

Deductions allocated and apportioned at partnership level to foreign source income

K	Reserved for future use	
L	Foreign branch category	
M	Passive category	Form 1116, Part I
N	General category	
O	Other	

Other information

P	Total foreign taxes paid	Form 1116, Part II
Q	Total foreign taxes accrued	Form 1116, Part II
R	Reduction in taxes available for credit	Form 1116, line 12
S	Foreign trading gross receipts	Form 8873
T	Extraterritorial income exclusion	Form 8873
U	through V	Reserved for future use
W	Section 965 information	
X	Other foreign transactions	See the Partner's Instructions

17. **Alternative minimum tax (AMT) items**

A	Post-1986 depreciation adjustment	
B	Adjusted gain or loss	See the Partner's Instructions and the instructions for Form 6251
C	Depletion (other than oil & gas)	
D	Oil, gas, & geothermal—gross income	
E	Oil, gas, & geothermal—deductions	
F	Other AMT items	

18. **Tax-exempt income and nondeductible expenses**

A	Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
B	Other tax-exempt income	See the Partner's Instructions
C	Nondeductible expenses	See the Partner's Instructions

19. **Distributions**

A	Cash and marketable securities	
B	Distribution subject to section 737	See the Partner's Instructions
C	Other property	

20. **Other information**

A	Investment income	Form 4952, line 4a
B	Investment expenses	Form 4952, line 5
C	Fuel tax credit information	Form 4136
D	Qualified rehabilitation expenditures (other than rental real estate)	
E	Basis of energy property	See the Partner's Instructions
F through G		
H	Recapture of investment credit	See Form 4255
I	Recapture of other credits	See the Partner's Instructions
J	Look-back interest—completed long-term contracts	See Form 8697
K	Look-back interest—income forecast method	See Form 8866
L	Dispositions of property with section 179 deductions	
M	Recapture of section 179 deduction	
N	Interest expense for corporate partners	
O through Y		
Z	Section 199A information	
AA	Section 704(c) information	
AB	Section 751 gain (loss)	See the Partner's Instructions
AC	Section 1(h)(5) gain (loss)	
AD	Deemed section 1250 unrecaptured gain	
AE	Excess taxable income	
AF	Excess business interest income	
AG	Gross receipts for section 59A(e) activity	
AH	Other information	

GREENLEAVES DIAGNOSTIC LABORATORIES
LLC

843441164

1

Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (ANDORRA CAPITAL LLC)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (ANDORRA CAPITAL LLC)

Supplemental Information

Continuation Statement

Description	Amount
Item L. Partner's Capital Account Analysis:	
Tax basis	

Statement A—QBI Pass-through Entity Reporting

Page 1

Partnership's name: GREENLEAVES DIAGNOSTIC LABORATORIES LLC		Partnership's EIN: 84-3441164	
Partner's name: ANDORRA CAPITAL LLC		Partner's identifying no: 31-1948925	
1065, Line 22			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Partner's share of:			
QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)	-590,696.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	203,034.		
UBIA of qualified property			
Section 199A dividends			

Statement A—QBI Pass-through Entity Reporting

Partnership's name:		Partnership's EIN:	
Partner's name:		Partner's identifying no:	
1065, Line 22			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Partner's share of:			
QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

651119

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning 11 / 01 / 2019 ending 12 / 31 / 2019**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership

A	Partnership's employer identification number 84-3441164
B	Partnership's name, address, city, state, and ZIP code GREENLEAVES DIAGNOSTIC LABORATORIES LLC 2329 Parker Road Carrollton, TX 75010
C	IRS Center where partnership filed return ▶ Ogden, UT
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. ALEXANDR ZAITSEV 126 STATE STREET HACKENSACK NJ 07601

G	<input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member												
H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner												
H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____												
I1	What type of entity is this partner? <u>Individual</u>												
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>												
J	Partner's share of profit, loss, and capital (see instructions):												
	<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>30.00000 %</td> <td>30.00000 %</td> </tr> <tr> <td>Loss</td> <td>30.00000 %</td> <td>30.00000 %</td> </tr> <tr> <td>Capital</td> <td>30.00000 %</td> <td>30.00000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	30.00000 %	30.00000 %	Loss	30.00000 %	30.00000 %	Capital	30.00000 %	30.00000 %
	Beginning	Ending											
Profit	30.00000 %	30.00000 %											
Loss	30.00000 %	30.00000 %											
Capital	30.00000 %	30.00000 %											
	Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>												

K	Partner's share of liabilities:												
	<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse . . . \$</td> <td></td> <td>\$ 340,973.</td> </tr> <tr> <td>Qualified nonrecourse financing . . . \$</td> <td></td> <td>\$</td> </tr> <tr> <td>Recourse . . . \$</td> <td></td> <td>\$</td> </tr> </tbody> </table>		Beginning	Ending	Nonrecourse . . . \$		\$ 340,973.	Qualified nonrecourse financing . . . \$		\$	Recourse . . . \$		\$
	Beginning	Ending											
Nonrecourse . . . \$		\$ 340,973.											
Qualified nonrecourse financing . . . \$		\$											
Recourse . . . \$		\$											
	<input type="checkbox"/> Check this box if Item K includes liability amounts from lower tier partnerships.												

L	Partner's Capital Account Analysis												
	<table border="1"> <tbody> <tr> <td>Beginning capital account . . . \$</td> <td></td> </tr> <tr> <td>Capital contributed during the year . . . \$</td> <td></td> </tr> <tr> <td>Current year net income (loss) . . . \$</td> <td>-306,498.</td> </tr> <tr> <td>Other increase (decrease) (attach explanation) \$</td> <td></td> </tr> <tr> <td>Withdrawals & distributions . . . \$(</td> <td></td> </tr> <tr> <td>Ending capital account . . . \$</td> <td>-306,498.</td> </tr> </tbody> </table>	Beginning capital account . . . \$		Capital contributed during the year . . . \$		Current year net income (loss) . . . \$	-306,498.	Other increase (decrease) (attach explanation) \$		Withdrawals & distributions . . . \$(Ending capital account . . . \$	-306,498.
Beginning capital account . . . \$													
Capital contributed during the year . . . \$													
Current year net income (loss) . . . \$	-306,498.												
Other increase (decrease) (attach explanation) \$													
Withdrawals & distributions . . . \$(
Ending capital account . . . \$	-306,498.												

M	Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.
----------	--

N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
	Beginning \$
	Ending \$

☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) -305,533.	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	C	965.
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
12	Section 179 deduction	20	Other information
13	Other deductions	Z	* STMT
14	Self-employment earnings (loss) A -305,533.		

21	<input type="checkbox"/> More than one activity for at-risk purposes*
22	<input type="checkbox"/> More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.	H Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a
Passive loss	I Biofuel producer credit	See the Partner's Instructions
Passive income	J Work opportunity credit	
Nonpassive loss	K Disabled access credit	
Nonpassive income	L Empowerment zone employment credit	
2. Net rental real estate income (loss)	M Credit for increasing research activities	See the Partner's Instructions
3. Other net rental income (loss)	N Credit for employer social security and Medicare taxes	
Net income	O Backup withholding	
Net loss	P Other credits	
4a. Guaranteed payment Services	16. Foreign transactions	
4b. Guaranteed payment Capital	A Name of country or U.S. possession	
4c. Guaranteed payment Total	B Gross income from all sources	Form 1116, Part I
5. Interest income	C Gross income sourced at partner level	
6a. Ordinary dividends	Foreign gross income sourced at partnership level	
6b. Qualified dividends	D Reserved for future use	
6c. Dividend equivalents	E Foreign branch category	
7. Royalties	F Passive category	Form 1116, Part I
8. Net short-term capital gain (loss)	G General category	
9a. Net long-term capital gain (loss)	H Other	
9b. Collectibles (28%) gain (loss)	Deductions allocated and apportioned at partner level	
9c. Unrecaptured section 1250 gain	I Interest expense	Form 1116, Part I
10. Net section 1231 gain (loss)	J Other	Form 1116, Part I
11. Other income (loss)	Deductions allocated and apportioned at partnership level to foreign source income	
Code	K Reserved for future use	
A Other portfolio income (loss)	L Foreign branch category	Form 1116, Part I
B Involuntary conversions	M Passive category	
C Sec. 1256 contracts & straddles	N General category	
D Mining exploration costs recapture	O Other	
E Cancellation of debt	Other information	
F Section 743(b) positive adjustments	P Total foreign taxes paid	Form 1116, Part II
G Section 965(a) inclusion	Q Total foreign taxes accrued	Form 1116, Part II
H Income under subpart F (other than inclusions under sections 951A and 965)	R Reduction in taxes available for credit	Form 1116, line 12
I Other income (loss)	S Foreign trading gross receipts	Form 8873
12. Section 179 deduction	T Extraterritorial income exclusion	Form 8873
13. Other deductions	U through V Reserved for future use	
A Cash contributions (60%)	W Section 965 information	
B Cash contributions (30%)	X Other foreign transactions	See the Partner's Instructions
C Noncash contributions (50%)	17. Alternative minimum tax (AMT) items	
D Noncash contributions (30%)	A Post-1986 depreciation adjustment	
E Capital gain property to a 50% organization (30%)	B Adjusted gain or loss	See the Partner's Instructions and the instructions for Form 6251
F Capital gain property (20%)	C Depletion (other than oil & gas)	
G Contributions (100%)	D Oil, gas, & geothermal—gross income	
H Investment interest expense	E Oil, gas, & geothermal—deductions	
I Deductions—royalty income	F Other AMT items	
J Section 59(e)(2) expenditures	18. Tax-exempt income and nondeductible expenses	
K Excess business interest expense	A Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
L Deductions—portfolio (other)	B Other tax-exempt income	See the Partner's Instructions
M Amounts paid for medical insurance	C Nondeductible expenses	See the Partner's Instructions
N Educational assistance benefits	19. Distributions	
O Dependent care benefits	A Cash and marketable securities	
P Preproductive period expenses	B Distribution subject to section 737	See the Partner's Instructions
Q Commercial revitalization deduction from rental real estate activities	C Other property	
R Pensions and IRAs	20. Other information	
S Reforestation expense deduction	A Investment income	Form 4952, line 4a
T through U Reserved for future use	B Investment expenses	Form 4952, line 5
V Section 743(b) negative adjustments	C Fuel tax credit information	Form 4136
W Other deductions	D Qualified rehabilitation expenditures (other than rental real estate)	
X Section 965(c) deduction	E Basis of energy property	See the Partner's Instructions
14. Self-employment earnings (loss)	F through G	
Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.	H Recapture of investment credit	See Form 4255
A Net earnings (loss) from self-employment	I Recapture of other credits	See the Partner's Instructions
B Gross farming or fishing income	J Look-back interest—completed long-term contracts	See Form 8697
C Gross non-farm income	K Look-back interest—income forecast method	See Form 8866
15. Credits	L Dispositions of property with section 179 deductions	
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	M Recapture of section 179 deduction	
B Low-income housing credit (other) from pre-2008 buildings	N Interest expense for corporate partners	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	O through Y	
D Low-income housing credit (other) from post-2007 buildings	Z Section 199A information	
E Qualified rehabilitation expenditures (rental real estate)	AA Section 704(c) information	
F Other rental real estate credits	AB Section 751 gain (loss)	See the Partner's Instructions
G Other rental credits	AC Section 1(h)(5) gain (loss)	
	AD Deemed section 1250 unrecaptured gain	
	AE Excess taxable income	
	AF Excess business interest income	
	AG Gross receipts for section 59A(e)	
	AH Other information	

GREENLEAVES DIAGNOSTIC LABORATORIES
LLC

843441164

1

Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (ALEXANDR ZAITSEV)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (ALEXANDR ZAITSEV)**Supplemental Information****Continuation Statement**

Description	Amount
Item L. Partner's Capital Account Analysis:	
Tax basis	

Statement A—QBI Pass-through Entity Reporting

Page 1

Partnership's name: GREENLEAVES DIAGNOSTIC LABORATORIES LLC		Partnership's EIN: 84-3441164	
Partner's name: ALEXANDR ZAITSEV		Partner's identifying no:	
Partner's share of: <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		1065, Line 22 <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)	-305,533.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	105,018.		
UBIA of qualified property			
Section 199A dividends			

Statement A—QBI Pass-through Entity Reporting

Partnership's name:		Partnership's EIN:	
Partner's name:		Partner's identifying no:	
Partner's share of: <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

651119

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning 11 / 01 / 2019 ending 12 / 31 / 2019**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership

A	Partnership's employer identification number 84-3441164
B	Partnership's name, address, city, state, and ZIP code GREENLEAVES DIAGNOSTIC LABORATORIES LLC 2329 Parker Road Carrollton, TX 75010
C	IRS Center where partnership filed return ▶ Ogden, UT
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.) 46-1381672
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. RJ CAPITAL MED LLC 215-15 NORTHERN BLVD SUITE 301 BAYSIDE NY 11361

G	<input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member
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H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner
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H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____
-----------	--

I1	What type of entity is this partner? <u>Partnership</u>
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I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>
-----------	--

J	Partner's share of profit, loss, and capital (see instructions):												
	<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>10.00000 %</td> <td>10.00000 %</td> </tr> <tr> <td>Loss</td> <td>10.00000 %</td> <td>10.00000 %</td> </tr> <tr> <td>Capital</td> <td>10.00000 %</td> <td>10.00000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	10.00000 %	10.00000 %	Loss	10.00000 %	10.00000 %	Capital	10.00000 %	10.00000 %
	Beginning	Ending											
Profit	10.00000 %	10.00000 %											
Loss	10.00000 %	10.00000 %											
Capital	10.00000 %	10.00000 %											
	Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>												

K	Partner's share of liabilities:												
	<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse</td> <td>\$</td> <td>\$ 113,658.</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Recourse</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		Beginning	Ending	Nonrecourse	\$	\$ 113,658.	Qualified nonrecourse financing	\$	\$	Recourse	\$	\$
	Beginning	Ending											
Nonrecourse	\$	\$ 113,658.											
Qualified nonrecourse financing	\$	\$											
Recourse	\$	\$											
	<input type="checkbox"/> Check this box if Item K includes liability amounts from lower tier partnerships.												

L	Partner's Capital Account Analysis												
	<table border="1"> <tbody> <tr> <td>Beginning capital account</td> <td>\$</td> </tr> <tr> <td>Capital contributed during the year</td> <td>\$</td> </tr> <tr> <td>Current year net income (loss)</td> <td>\$ -102,166.</td> </tr> <tr> <td>Other increase (decrease) (attach explanation)</td> <td>\$</td> </tr> <tr> <td>Withdrawals & distributions</td> <td>\$ ()</td> </tr> <tr> <td>Ending capital account</td> <td>\$ -102,166.</td> </tr> </tbody> </table>	Beginning capital account	\$	Capital contributed during the year	\$	Current year net income (loss)	\$ -102,166.	Other increase (decrease) (attach explanation)	\$	Withdrawals & distributions	\$ ()	Ending capital account	\$ -102,166.
Beginning capital account	\$												
Capital contributed during the year	\$												
Current year net income (loss)	\$ -102,166.												
Other increase (decrease) (attach explanation)	\$												
Withdrawals & distributions	\$ ()												
Ending capital account	\$ -102,166.												

M	Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.
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N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
	Beginning \$
	Ending \$

☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) -101,844.	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	C	322.
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
		20	Other Information
12	Section 179 deduction	Z *	STMT
13	Other deductions		
14	Self-employment earnings (loss) A -101,844.		
21	<input type="checkbox"/> More than one activity for at-risk purposes*		
22	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.		Code	Report on
Passive loss	See the Partner's Instructions	H	Undistributed capital gains credit
Passive income	Schedule E, line 28, column (h)	I	Biofuel producer credit
Nonpassive loss	See the Partner's Instructions	J	Work opportunity credit
Nonpassive income	Schedule E, line 28, column (k)	K	Disabled access credit
2. Net rental real estate income (loss)	See the Partner's Instructions	L	Empowerment zone employment credit
3. Other net rental income (loss)		M	Credit for increasing research activities
Net income	Schedule E, line 28, column (h)	N	Credit for employer social security and Medicare taxes
Net loss	See the Partner's Instructions	O	Backup withholding
4a. Guaranteed payment Services	See the Partner's Instructions	P	Other credits
4b. Guaranteed payment Capital	See the Partner's Instructions	16. Foreign transactions	
4c. Guaranteed payment Total	See the Partner's Instructions	A	Name of country or U.S. possession
5. Interest income	Form 1040 or 1040-SR, line 2b	B	Gross income from all sources
6a. Ordinary dividends	Form 1040 or 1040-SR, line 3b	C	Gross income sourced at partner level
6b. Qualified dividends	Form 1040 or 1040-SR, line 3a	<i>Foreign gross income sourced at partnership level</i>	
6c. Dividend equivalents	See the Partner's Instructions	D	Reserved for future use
7. Royalties	Schedule E, line 4	E	Foreign branch category
8. Net short-term capital gain (loss)	Schedule D, line 5	F	Passive category
9a. Net long-term capital gain (loss)	Schedule D, line 12	G	General category
9b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	H	Other
9c. Unrecaptured section 1250 gain	See the Partner's Instructions	<i>Deductions allocated and apportioned at partner level</i>	
10. Net section 1231 gain (loss)	See the Partner's Instructions	I	Interest expense
11. Other income (loss)		J	Other
Code		<i>Deductions allocated and apportioned at partnership level to foreign source income</i>	
A Other portfolio income (loss)	See the Partner's Instructions	K	Reserved for future use
B Involuntary conversions	See the Partner's Instructions	L	Foreign branch category
C Sec. 1256 contracts & straddles	Form 6781, line 1	M	Passive category
D Mining exploration costs recapture	See Pub. 535	N	General category
E Cancellation of debt		O	Other
F Section 743(b) positive adjustments	See the Partner's Instructions	<i>Other information</i>	
G Section 965(a) inclusion		P	Total foreign taxes paid
H Income under subpart F (other than inclusions under sections 951A and 965)		Q	Total foreign taxes accrued
I Other income (loss)		R	Reduction in taxes available for credit
12. Section 179 deduction	See the Partner's Instructions	S	Foreign trading gross receipts
13. Other deductions		T	Extraterritorial income exclusion
A Cash contributions (60%)	See the Partner's Instructions	U	through V
B Cash contributions (30%)		W	Section 965 information
C Noncash contributions (50%)		X	Other foreign transactions
D Noncash contributions (30%)		17. Alternative minimum tax (AMT) items	
E Capital gain property to a 50% organization (30%)		A	Post-1986 depreciation adjustment
F Capital gain property (20%)		B	Adjusted gain or loss
G Contributions (100%)		C	Depletion (other than oil & gas)
H Investment interest expense	Form 4952, line 1	D	Oil, gas, & geothermal—gross income
I Deductions—royalty income	Schedule E, line 19	E	Oil, gas, & geothermal—deductions
J Section 59(e)(2) expenditures	See the Partner's Instructions	F	Other AMT items
K Excess business interest expense	See the Partner's Instructions	18. Tax-exempt income and nondeductible expenses	
L Deductions—portfolio (other)	Schedule A, line 16	A	Tax-exempt interest income
M Amounts paid for medical insurance	Schedule A, line 1, or Schedule 1 (Form 1040 or 1040-SR), line 16	B	Other tax-exempt income
N Educational assistance benefits	See the Partner's Instructions	C	Nondeductible expenses
O Dependent care benefits	Form 2441, line 12	19. Distributions	
P Preproductive period expenses	See the Partner's Instructions	A	Cash and marketable securities
Q Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions	B	Distribution subject to section 737
R Pensions and IRAs	See the Partner's Instructions	C	Other property
S Reforestation expense deduction	See the Partner's Instructions	20. Other information	
T through U	Reserved for future use	A	Investment income
V Section 743(b) negative adjustments	See the Partner's Instructions	B	Investment expenses
W Other deductions		C	Fuel tax credit information
X Section 965(c) deduction		D	Qualified rehabilitation expenditures (other than rental real estate)
14. Self-employment earnings (loss)		E	Basis of energy property
Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.		F through G	
A Net earnings (loss) from self-employment	Schedule SE, Section A or B	H	Recapture of investment credit
B Gross farming or fishing income	See the Partner's Instructions	I	Recapture of other credits
C Gross non-farm income	See the Partner's Instructions	J	Look-back interest—completed long-term contracts
15. Credits		K	Look-back interest—income forecast method
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Partner's Instructions	L	Dispositions of property with section 179 deductions
B Low-income housing credit (other) from pre-2008 buildings		M	Recapture of section 179 deduction
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		N	Interest expense for corporate partners
D Low-income housing credit (other) from post-2007 buildings		O through Y	
E Qualified rehabilitation expenditures (rental real estate)		Z	Section 199A information
F Other rental real estate credits		AA	Section 704(c) information
G Other rental credits		AB	Section 751 gain (loss)
		AC	Section 1(h)(5) gain (loss)
		AD	Deemed section 1250 unrecaptured gain
		AE	Excess taxable income
		AF	Excess business interest income
		AG	Gross receipts for section 59A(e)
		AH	Other information

GREENLEAVES DIAGNOSTIC LABORATORIES
LLC

843441164

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Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (RJ CAPITAL MED LLC)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (RJ CAPITAL MED LLC)**Supplemental Information****Continuation Statement**

Description	Amount
Item L. Partner's Capital Account Analysis:	
Tax basis	

Statement A—QBI Pass-through Entity Reporting

Page 1

Partnership's name: GREENLEAVES DIAGNOSTIC LABORATORIES LLC		Partnership's EIN: 84-3441164	
Partner's name: RJ CAPITAL MED LLC		Partner's identifying no: 46-1381672	
Partner's share of:		1065, Line 22	
		<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)	-101,844.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
W-2 wages		35,006.	
UBIA of qualified property			
Section 199A dividends			

Statement A—QBI Pass-through Entity Reporting

Partnership's name:		Partnership's EIN:	
Partner's name:		Partner's identifying no:	
Partner's share of:		<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

651119

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning 11 / 01 / 2019 ending 12 / 31 / 2019**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
84-3441164**B** Partnership's name, address, city, state, and ZIP code
GREENLEAVES DIAGNOSTIC LABORATORIES LLC
2329 Parker Road
Carrollton, TX 75010**C** IRS Center where partnership filed return ▶ Ogden, UT**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)
84-3313486**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.
GB 300 GROUP LLC
3 DAKOTA DRIVE SUITE 300
NEW HYDE PARK NY 11042**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? Corporation**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital (see instructions):

Beginning Ending

Profit	2.00000 %	2.00000 %
Loss	2.00000 %	2.00000 %
Capital	2.00000 %	2.00000 %

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

Beginning

Ending

Nonrecourse . . . \$ \$ 22,732.

Qualified nonrecourse financing . . . \$ \$

Recourse . . . \$ \$

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis**

Beginning capital account . . . \$ _____

Capital contributed during the year . . . \$ _____

Current year net income (loss) . . . \$ -20,433.

Other increase (decrease) (attach explanation) \$ _____

Withdrawals & distributions . . . \$ (_____)

Ending capital account . . . \$ -20,433.

M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N** Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)Beginning . . . \$ _____
Ending . . . \$ _____☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
	-20,369.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	C	64.
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
12	Section 179 deduction	20	Other information
13	Other deductions	Z * STMT	
14	Self-employment earnings (loss)		
21	<input type="checkbox"/> More than one activity for at-risk purposes*		
22	<input type="checkbox"/> More than one activity for passive activity purposes*		

For IRS Use Only

*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. **Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.
- | | |
|-------------------|---------------------------------|
| | <i>Report on</i> |
| Passive loss | See the Partner's Instructions |
| Passive income | Schedule E, line 28, column (h) |
| Nonpassive loss | See the Partner's Instructions |
| Nonpassive income | Schedule E, line 28, column (k) |
2. **Net rental real estate income (loss)** See the Partner's Instructions
3. **Other net rental income (loss)** See the Partner's Instructions
- Net income Schedule E, line 28, column (h)
- Net loss See the Partner's Instructions
- 4a. **Guaranteed payment Services** See the Partner's Instructions
- 4b. **Guaranteed payment Capital** See the Partner's Instructions
- 4c. **Guaranteed payment Total** See the Partner's Instructions
5. **Interest income** Form 1040 or 1040-SR, line 2b
- 6a. **Ordinary dividends** Form 1040 or 1040-SR, line 3b
- 6b. **Qualified dividends** Form 1040 or 1040-SR, line 3a
- 6c. **Dividend equivalents** See the Partner's Instructions
7. **Royalties** Schedule E, line 4
8. **Net short-term capital gain (loss)** Schedule D, line 5
- 9a. **Net long-term capital gain (loss)** Schedule D, line 12
- 9b. **Collectibles (28%) gain (loss)** 28% Rate Gain Worksheet, line 4 (Schedule D instructions)
- 9c. **Unrecaptured section 1250 gain** See the Partner's Instructions
10. **Net section 1231 gain (loss)** See the Partner's Instructions
11. **Other income (loss)**
- | | |
|--|--------------------------------|
| <i>Code</i> | |
| A Other portfolio income (loss) | See the Partner's Instructions |
| B Involuntary conversions | See the Partner's Instructions |
| C Sec. 1256 contracts & straddles | Form 6781, line 1 |
| D Mining exploration costs recapture | See Pub. 535 |
| E Cancellation of debt | |
| F Section 743(b) positive adjustments | |
| G Section 965(a) inclusion | |
| H Income under subpart F (other than inclusions under sections 951A and 965) | See the Partner's Instructions |
| I Other income (loss) | |
12. **Section 179 deduction** See the Partner's Instructions
13. **Other deductions**
- | | |
|--|---|
| A Cash contributions (60%) | |
| B Cash contributions (30%) | |
| C Noncash contributions (50%) | |
| D Noncash contributions (30%) | |
| E Capital gain property to a 50% organization (30%) | |
| F Capital gain property (20%) | |
| G Contributions (100%) | |
| H Investment interest expense | Form 4952, line 1 |
| I Deductions—royalty income | Schedule E, line 19 |
| J Section 59(e)(2) expenditures | See the Partner's Instructions |
| K Excess business interest expense | See the Partner's Instructions |
| L Deductions—portfolio (other) | Schedule A, line 16 |
| M Amounts paid for medical insurance | Schedule A, line 1, or Schedule 1 (Form 1040 or 1040-SR), line 16 |
| N Educational assistance benefits | See the Partner's Instructions |
| O Dependent care benefits | Form 2441, line 12 |
| P Preproductive period expenses | See the Partner's Instructions |
| Q Commercial revitalization deduction from rental real estate activities | See Form 8582 instructions |
| R Pensions and IRAs | See the Partner's Instructions |
| S Reforestation expense deduction | See the Partner's Instructions |
| T through U | Reserved for future use |
| V Section 743(b) negative adjustments | |
| W Other deductions | See the Partner's Instructions |
| X Section 965(c) deduction | |
14. **Self-employment earnings (loss)**
- Note:** If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.
- | | |
|--|--------------------------------|
| A Net earnings (loss) from self-employment | Schedule SE, Section A or B |
| B Gross farming or fishing income | See the Partner's Instructions |
| C Gross non-farm income | See the Partner's Instructions |
15. **Credits**
- | | |
|---|--|
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings | |
| B Low-income housing credit (other) from pre-2008 buildings | |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings | |
| D Low-income housing credit (other) from post-2007 buildings | |
| E Qualified rehabilitation expenditures (rental real estate) | |
| F Other rental real estate credits | |
| G Other rental credits | |
- See the Partner's Instructions

- | | | |
|--|--|---|
| <i>Code</i> | | <i>Report on</i> |
| H Undistributed capital gains credit | | Schedule 3 (Form 1040 or 1040-SR), line 13, box a |
| I Biofuel producer credit | | See the Partner's Instructions |
| J Work opportunity credit | | |
| K Disabled access credit | | |
| L Empowerment zone employment credit | | |
| M Credit for increasing research activities | | See the Partner's Instructions |
| N Credit for employer social security and Medicare taxes | | |
| O Backup withholding | | |
| P Other credits | | |
16. **Foreign transactions**
- | | |
|--|-------------------|
| A Name of country or U.S. possession | |
| B Gross income from all sources | Form 1116, Part I |
| C Gross income sourced at partner level | |
| <i>Foreign gross income sourced at partnership level</i> | |
| D Reserved for future use | |
| E Foreign branch category | |
| F Passive category | Form 1116, Part I |
| G General category | |
| H Other | |
- Deductions allocated and apportioned at partner level*
- | | |
|--------------------|-------------------|
| I Interest expense | Form 1116, Part I |
| J Other | Form 1116, Part I |
- Deductions allocated and apportioned at partnership level to foreign source income*
- | | |
|---------------------------|-------------------|
| K Reserved for future use | |
| L Foreign branch category | |
| M Passive category | Form 1116, Part I |
| N General category | |
| O Other | |
- Other information*
- | | |
|---|--------------------------------|
| P Total foreign taxes paid | Form 1116, Part II |
| Q Total foreign taxes accrued | Form 1116, Part II |
| R Reduction in taxes available for credit | Form 1116, line 12 |
| S Foreign trading gross receipts | Form 8873 |
| T Extraterritorial income exclusion | Form 8873 |
| U through V | Reserved for future use |
| W Section 965 information | |
| X Other foreign transactions | See the Partner's Instructions |
17. **Alternative minimum tax (AMT) items**
- | | |
|---------------------------------------|---|
| A Post-1986 depreciation adjustment | |
| B Adjusted gain or loss | See the Partner's Instructions and the instructions for Form 6251 |
| C Depletion (other than oil & gas) | |
| D Oil, gas, & geothermal—gross income | |
| E Oil, gas, & geothermal—deductions | |
| F Other AMT items | |
18. **Tax-exempt income and nondeductible expenses**
- | | |
|------------------------------|--------------------------------|
| A Tax-exempt interest income | Form 1040 or 1040-SR, line 2a |
| B Other tax-exempt income | See the Partner's Instructions |
| C Nondeductible expenses | See the Partner's Instructions |
19. **Distributions**
- | | |
|---------------------------------------|--------------------------------|
| A Cash and marketable securities | |
| B Distribution subject to section 737 | See the Partner's Instructions |
| C Other property | |
20. **Other information**
- | | |
|---|--------------------------------|
| A Investment income | Form 4952, line 4a |
| B Investment expenses | Form 4952, line 5 |
| C Fuel tax credit information | Form 4136 |
| D Qualified rehabilitation expenditures (other than rental real estate) | |
| E Basis of energy property | |
| F through G | |
| H Recapture of investment credit | See Form 4255 |
| I Recapture of other credits | See the Partner's Instructions |
| J Look-back interest—completed long-term contracts | See Form 8697 |
| K Look-back interest—income forecast method | See Form 8866 |
| L Dispositions of property with section 179 deductions | |
| M Recapture of section 179 deduction | |
| N Interest expense for corporate partners | |
| O through Y | |
| Z Section 199A information | |
| AA Section 704(c) information | |
| AB Section 751 gain (loss) | See the Partner's Instructions |
| AC Section 1(h)(5) gain (loss) | |
| AD Deemed section 1250 unrecaptured gain | |
| AE Excess taxable income | |
| AF Excess business interest income | |
| AG Gross receipts for section 59A(e) | |
| AH Other information | |

GREENLEAVES DIAGNOSTIC LABORATORIES
LLC

843441164

1

Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GB 300 GROUP LLC)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GB 300 GROUP LLC)

Supplemental Information

Continuation Statement

Description	Amount
Item L. Partner's Capital Account Analysis:	
Tax basis	

Statement A—QBI Pass-through Entity Reporting

Page 1

Partnership's name: GREENLEAVES DIAGNOSTIC LABORATORIES LLC		Partnership's EIN: 84-3441164	
Partner's name: GB 300 GROUP LLC		Partner's identifying no: 84-3313486	
1065, Line 22			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Partner's share of:			
QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)	-20,369.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	7,001.		
UBIA of qualified property			
Section 199A dividends			

Statement A—QBI Pass-through Entity Reporting

Partnership's name:		Partnership's EIN:	
Partner's name:		Partner's identifying no:	
1065, Line 22			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Partner's share of:			
QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

**SCHEDULE B-1
(Form 1065)**(Rev. August 2019)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065.

▶ Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

GREENLEAVES DIAGNOSTIC LABORATORIES LLC

Employer identification number (EIN)

84-3441164

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
ANDORRA CAPITAL LLC	31-1948925	LLC	US	50.0000

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

For Paperwork Reduction Act Notice, see the Instructions for Form 1065. BAA

REV 06/02/20 PRO Schedule B-1 (Form 1065) (Rev. 8-2019)

Form **8879-PE****IRS e-file Signature Authorization for Form 1065**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

► ERO must obtain and retain completed Form 8879-PE.
 ► Go to www.irs.gov/Form8879PE for the latest information.

2019For calendar year 2019, or tax year beginning **Nov 1**, 2019, and ending **Dec 31, 2019**.

Name of partnership

GREENLEAVES DIAGNOSTIC LABORATORIES LLC

Employer identification number

84-3441164**Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)		
3	Ordinary business income (loss) (Form 1065, line 22)	3	-1,018,442.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2019 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

Partner or Member's PIN: check one box only

- ☐ I authorize _____ to enter my PIN as my signature
 ERO firm name
 on the partnership's 2019 electronically filed return of partnership income.
- ☒ As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2019 electronically filed return of partnership income.

Partner or member's signature ► _____

Title ► **LLC MEMBER**

Date ► _____

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	0	0	0	2	2						
---	---	---	---	---	---	--	--	--	--	--	--

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____

Date ► _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions. **BAA**

Cat. No. 48314D

Form **8879-PE** (2019)

Form 1065

199A Statement A Summary

2019

QuickZoom to Other Copy _____

Page 1

Partnership's Name: GREENLEAVES DIAGNOSTIC LABORATORIES LLC Partnership's EIN: 84-3441164

1065, Line 22

☐ PTP
☐ Aggregated
☐ SSTB

☐ PTP
☐ Aggregated
☐ SSTB

☐ PTP
☐ Aggregated
☐ SSTB

Partner's share of:

QBI or qualified PTP items subject to shareholder-specific determinations:

Ordinary business inc (loss) . .	-1,018,442.	_____	_____
Rental income (loss)	_____	_____	_____
Royalty income (loss)	_____	_____	_____
Section 1231 gain (loss)	_____	_____	_____
Other income (loss)	_____	_____	_____
Section 179 deduction	_____	_____	_____
Charitable contributions	_____	_____	_____
Other deductions	_____	_____	_____
W-2 wages	350,059.	_____	_____
UBIA of qualified property	_____	_____	_____

Section 199A dividends _____

Partnership's Name: _____ Partnership's EIN: _____

☐ PTP
☐ Aggregated
☐ SSTB

☐ PTP
☐ Aggregated
☐ SSTB

☐ PTP
☐ Aggregated
☐ SSTB

Partner's share of:

QBI or qualified PTP items subject to shareholder-specific determinations:

Ordinary business inc (loss) . .	_____	_____	_____
Rental income (loss)	_____	_____	_____
Royalty income (loss)	_____	_____	_____
Section 1231 gain (loss)	_____	_____	_____
Other income (loss)	_____	_____	_____
Section 179 deduction	_____	_____	_____
Charitable contributions	_____	_____	_____
Other deductions	_____	_____	_____
W-2 wages	_____	_____	_____
UBIA of qualified property	_____	_____	_____

Section 199A dividends _____

Form 1065
Schedule L

Other Assets

2019

Name		Employer ID Number
GREENLEAVES DIAGNOSTIC LABORATORIES LLC		84-3441164
Other Current Assets:	Beginning of tax year	End of tax year
EMPLOYEE ADVANCES	0.	763.
PREPAID EXPENSES	0.	246.
DUE FROM AFFILIATES	0.	20,407.
DIRECT DEPOSIT LIABILITIES	0.	655.
Total to Form 1065, Schedule L, line 6 ▶	0.	22,071.
Other Investments:	Beginning of tax year	End of tax year
Total to Form 1065, Schedule L, line 8 ▶		
Other Assets:	Beginning of tax year	End of tax year
Total to Form 1065, Schedule L, line 13 ▶		

Form 1065
Schedule L

Other Liabilities

2019

Name		Employer ID Number
GREENLEAVES DIAGNOSTIC LABORATORIES LLC		84-3441164
Other Current Liabilities:	Beginning of tax year	End of tax year
DUE TO AFFILIATES	0.	100.
PAYROLL LIABILITIES	0.	86,477.
Total to Form 1065, Schedule L, line 17 ▶	0.	86,577.
Other Liabilities:	Beginning of tax year	End of tax year
Total to Form 1065, Schedule L, line 20 ▶		

199A Worksheet by Activity**2019**

► Keep for your records

Partnership's name GREENLEAVES DIAGNOSTIC LABORATORIES LLC		Partnership's EIN 84-3441164	
Aggregation Code: _____		Trade or Business: <u>1065, Line 22</u> EIN: <u>84-3441164</u>	
		Check if activity is NOT a qualified trade/business <input type="checkbox"/> Specified Service Trade or Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
QBI or qualified PTP items subject to partner-specific determinations:			
1 a	Ordinary business income (loss)	1 a	-1,018,442.
b	Adjustments	b	
c	Adjusted ordinary business income (loss)	1 c	-1,018,442.
2 a	Rental income (loss)	2 a	
b	Adjustments	b	
c	Adjusted rental income (loss)	2 c	
3 a	Royalty income (loss)	3 a	
b	Adjustments	b	
c	Adjusted royalty income (loss)	3 c	
4 a	Section 1231 gain (loss)	4 a	
b	Adjustments	b	
c	Adjusted section 1231 gain (loss)	4 c	
5	Other income (loss)	5	
6 a	Section 179 deduction	6 a	
b	Adjustments	b	
c	Adjusted section 179 deduction	6 c	
7	Charitable contributions	7	
8	Other deductions	8	
9 a	W-2 wages	9 a	350,059.
b	Adjustments	b	
c	Adjusted W-2 Wages	9 c	350,059.
10 a	UBIA of qualified property	10 a	
b	Adjustments	b	
c	Adjusted UBIA of qualified property	10 c	

Form 7004
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form7004 for instructions and the latest information.

**Print
or
Type**

Name	GREENLEAVES DIAGNOSTIC LABORATORIES LLC	Identifying number	84-3441164
Number, street, and room or suite no. (If P.O. box, see instructions.)	2329 Parker Road		
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	Carrollton TX 75010		

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for 0 9

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶ ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶ ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶ ☐
- 5a The application is for calendar year 20___, or tax year beginning Nov 1, 2019, and ending Dec 31, 2019.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☒ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions—attach explanation.)

6 Tentative total tax	6	0
7 Total payments and credits. See instructions	7	
8 Balance due. Subtract line 7 from line 6. See instructions	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

BAA

REV 06/02/20 PRO

GREENLEAVES DIAGNOSTIC LABORATORIES
LLC

843441164

1

Additional information from your 2019 Federal Partnership Tax Return**Form 1065: Partnership Tax Return****Line 20, Other Deductions****Continuation Statement**

Description	Amount
Accounting	7,680.
Computer services and supplies	3,343.
Equipment rent	3,656.
Insurance	211.
Legal and professional	25,000.
Meals (50%)	3,218.
Office expense	6,653.
Printing	11,537.
Telephone	1,428.
Travel	15,013.
Uniforms	600.
Internet and Web Related	2,105.
Medical Director Fees	4,000.
Medical Waste Removal	2,499.
Medical Lab Supplies	58,688.
Reimbursements	3,616.
Shipping	6,199.
Transportation (patients)	1,691.
Liabilities incurred by the previous owners	416,792.
Processing fees	363.
Back wages incurred by the previous owners	11,492.
Total	585,784.

Accrual Basis

GREENLEAVES DIAGNOSTIC LABORATORIES LLC**Balance Sheet**

As of May 31, 2020

	<u>May 31, 20</u>
ASSETS	
Current Assets	
Checking/Savings	
Choice Chase 5013	16,156.92
JP Morgan Chase	36,188.82
Total Checking/Savings	52,345.74
Accounts Receivable	
Accounts Receivable	108,311.00
Total Accounts Receivable	108,311.00
Other Current Assets	
Prepaid Expense	1,704.65
Total Other Current Assets	1,704.65
Total Current Assets	162,361.39
Fixed Assets	
Software and networkng	86,558.91
Total Fixed Assets	86,558.91
Other Assets	
Security Deposits Asset	24,134.25
Total Other Assets	24,134.25
TOTAL ASSETS	<u><u>273,054.55</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	690,204.76
Total Accounts Payable	690,204.76
Credit Cards	
AMEX 41001	222,707.65
VISA 9088	4,546.50
Total Credit Cards	227,254.15
Other Current Liabilities	
Accrued Expense	125.18
Due to employees backwages	175,720.06
Due to RDL	100.00
Garnishment of Wages	197.50
Loan Payable	2,775,000.00
Payroll Liabilities	105,678.95
Total Other Current Liabilities	3,056,821.69
Total Current Liabilities	3,974,280.60
Long Term Liabilities	
PPP Loan	558,430.00
Total Long Term Liabilities	558,430.00
Total Liabilities	4,532,710.60
Equity	

Accrual Basis

GREENLEAVES DIAGNOSTIC LABORATORIES LLC**Balance Sheet**

As of May 31, 2020

	<u>May 31, 20</u>
Member Distribution	-168.50
Retained Earnings	-1,664,260.00
Net Income	<u>-2,595,227.34</u>
Total Equity	<u>-4,259,655.84</u>
TOTAL LIABILITIES & EQUITY	<u><u>273,054.76</u></u>

GREENLEAVES DIAGNOSTIC LABORATORIES LLC
Profit & Loss

Accrual Basis

January through May 2020

	<u>Jan - May 20</u>
Ordinary Income/Expense	
Income	
Laboratory Fees Collected	384,177.74
Total Income	384,177.74
Cost of Goods Sold	
Freight & delivery	22,798.90
Laboratory Fees	175,921.19
Total COGS	198,720.09
Gross Profit	185,457.65
Expense	
Advertising and Marketing	18,224.96
Annual Fee	95.00
Automobile Expense	735.10
Bank Service Charges	99.00
Billing	22,213.95
Clinical pathology fees	900.00
Computer and Internet Expenses	6,329.31
Equipment Rental	29,240.31
Finance Charge	497.95
Insurance Expense	3,588.12
Interest Expense	93,283.34
Internet and Web Related	7,288.12
Licences and permits	22,776.66
Meals	1,388.84
Medical Director Fee	50,000.00
Medical Waste Removal	3,636.34
Medical/Lab Supplies	848,702.64
Merchant deposit fees	4,280.57
Misc Expense	1,343.77
Office Supplies	23,926.87
Outside Services	3,360.00
Payroll Expenses	1,083,070.49
Payroll Taxes	113,825.63
Printing	2,527.63
Professional Fees	105,158.00
Reconciliation Discrepancies	-25.94
Reimbursements	7,342.37
Rent Expense	54,383.87
Repairs and Maintenance	2,332.79
Shipping	14,315.41
Software Expense	53,037.07
Telephone Expense	3,301.69
Transportation	3,624.65
Travel Expense	28,006.75

GREENLEAVES DIAGNOSTIC LABORATORIES LLC**Profit & Loss**

Accrual Basis

January through May 2020

	<u>Jan - May 20</u>
Uniforms	38.61
Utilities	1,505.69
Total Expense	<u>2,614,355.56</u>
Net Ordinary Income	<u>-2,428,897.91</u>
Other Income/Expense	
Other Income	
Prior fees	320,968.56
Total Other Income	<u>320,968.56</u>
Other Expense	
Old Liabilities	487,297.99
Total Other Expense	<u>487,297.99</u>
Net Other Income	<u>-166,329.43</u>
Net Income	<u><u>-2,595,227.34</u></u>

GREENLEAVES DIAGNOSTIC LABORATORIES LLC
Statement of cash flow
as of 05-2020

	11/01/19 through 12/31/19	01/2020	02/2020	03/2020	04/2020	05/2020	Total
FUNDS IN							
Subtotal AFF:	500,000						500,000
Subtotal RJ:	550,000	950,000	100,000	450,000	225,000		2,275,000
PPP Loan & Stimulus				13,536		548,930	562,466
Old A/R Choice		50,148	157,929	56,228	-	12,976	277,281
Part B new billing			11,584	38,936	31,000	10,434	91,954
Part A		7,175	1,397	48,806	197,290	61,605	316,073
Subtotal:		57,323	170,910	143,770	228,290	85,015	685,308
Total Funds in	1,050,000	1,007,323	270,910	593,770	453,290	633,945	4,009,238

FUNDS OUT

Operating Expenses

Advertising					10,100	5,237	15,337
Billing				1,140	5,525	3,000	9,665
Computer related		280	-	2,468	3,582		6,330
Equipment Rental	3,656	246	256	246	3,417	3,011	10,832
Insurance		1,515	1,349	745	745	205	4,559
Interest Expense	500	14,333	14,917	19,383	21,940	21,979	93,052
Internet and Web Related	1,609	336	509	990	1,811	1,434	6,689
Laboratory fees				29,050	25,500	75,813	130,363
Licenses and permits and filings	8,290	224		10,922	3,435		22,871
Medical Director Fee	4,000	4,000	4,000	4,000	14,000		44,000
Medical Waste Removal	2,499	1,064	457	1,864	1,434	615	7,393
Medical/Lab Supplies	55,063	92,594	57,697	156,920	91,266	149,595	603,134
Clinical pathology fees			1,800	900			2,700
Misc. Expense	211	969			31	341	1,552
Office Supplies	6,653	1,080	2,032	7,041	4,552	5,224	26,582
Payroll Expenses (Net Pay)	287,157	155,129	159,346	167,514	188,160	182,367	1,139,673
EE reimbursements (miles, exp.)	31,568	16,418	15,209	15,075	16,767	18,897	113,934
Payroll Taxes paid	0	78,283		64,135		118,526	260,944
Printing and promotions	11,537	283	502	1,028	715		14,065
Professional Fees							-
Recordkeeping & Accountir	7,680	6,780	8,105	7,800	6,688	5,160	42,213
John B Uraliti payoff	10,000	10,000	10,000	35,000	10,000	15,000	90,000
Legal		6,725					6,725
Rent Expense	37,850	9,889	9,023	8,252	17,133	10,088	92,235
Repairs and Maintenance	275	-			81	2,252	2,608
Shipping & postage	6,199	624	938	1,858	7,394	17,888	34,901
Software Expense	3,343	6,753	379	5,719	2,498	7,569	26,261
Telephone Expense	1,924	452	3,544	614	803		7,337
Transportation	1,691	827	968	789	1,243		5,518

	11/01/19 through 12/31/19	01/2020	02/2020	03/2020	04/2020	05/2020	Total
Travel Expense							
Lodging & travel	15,013	4,373	6,712	558		821	27,477
Meals	6,436	2,593	643	157	564		10,393
Utilities		109	543		35	692	1,379
Uniforms	600			39			639
Total Current Expense	503,754	415,878	298,929	544,207	435,984	663,149	2,861,900
Capital expenses							
Rent security deposit			4,134		20,000		24,134
Software and networking		86,559					86,559
Total capital expenditures		86,559	4,134		20,000		90,693
Old Liabilities incurred prior to 11/01 paid							
Back wages	11,491	244,061	5,000				260,552
Freight	11,048	11,048				264	22,360
Medical Lab Supplies	388,394	15,650	20,889	7,715	26,431	38,239	497,318
Prepaid supplies	20,407						20,407
Debt Settlement	17,350	69,048	60,400	159,154	21,650	5,337	332,939
Total Old Liabilities	448,690	339,807	86,289	166,869	48,081	43,840	1,133,576
Total Expenses Paid	952,444	842,244	389,352	711,076	504,065	706,989	4,106,169
Net cash flow	97,556	165,079	(118,441)	(117,306)	(50,775)	(73,045)	(96,931)